

## Private Home Care Fingerprinting Process Using COGENT/GAPS

You must have an email account to complete this process. You may obtain free email accounts at many web sites. Two possible sites are [www.yahoo.com](http://www.yahoo.com) and [www.hotmail.com](http://www.hotmail.com).

### A. Agreement (Step 1)

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “**Agency Use (secure)**” tab  
Click on “**How to Enroll Your Agency or Business**”
3. At **Step (1)** Complete the **GCIC Service Agreement**, click on form to be downloaded and **print** the “Georgia Crime Information Center Service Agreement” (3 pages)
4. Complete last page of the GCIC Service Agreement

**Agency Name** – Print the name of Private Home Care (PHC), e.g. ABC Private Home Care

**Agency Address** – Print the address of the your PHC or mailing address if different from the PCH address

**Agency Phone Number** – Print the most accessible phone number **Agency ORI or OAC#** – Circle OAC# and leave line blank

**NOTE:** If you already have an OAC# (OAC Numbers begin with GAP), print your OAC on this line.

Write “**Yes**” in the blank after “**Will ORI or OAC # be used for Enrollment in Georgia Applicant Processing Services (GAPS) Agency**

**Head** – Print the name/title of Owner/CEO/President of PHC

**Agency Contact** – Print the name/title of person that should be contacted regarding fingerprinting process

5. Make a copy of the form for your records and mail original form to the address at the bottom of the page. In 7-10 days you will receive the form back, completed by the GCIC with your **OAC** number on the “Agency ORI or OAC#” line. If you do not receive an OAC number within 10 business days, send an email to [GAApplicant@gbj.ga.gov](mailto:GAApplicant@gbj.ga.gov) and include your business name, address and contact information. **Once you receive the OAC number, proceed to Step 2.**

If your business already has an **OAC** number and you have included it on the GCIC Service Agreement, you may now **proceed to Step 2.**

## B. Enrollment (Step 2)

Only after receiving your OAC# by return mail or email should you begin this step.

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “**Agency Use (secure)**” tab  
Click on “**How to Enroll Your Agency or Business**”
3. At Step (2) Complete the **GAPS Agency Enrollment Form**, click on the “Enroll online by clicking here” link to begin the enrollment process

**(All yellow areas MUST be completed)**

**ORI/OAC** – enter OAC number received on agreement letter  
(It will be GAP+6 numbers)

**Agency Name** – Verify that the name of your PHC is correct

**Verification Code** – Use OAC number without the GA (P+6 digits)

**Address** – Enter **street address, city, state, and zip code** of the your PCH or the mailing address if different from the PCH address

**Contact Person** – Must be the same as on the Agreement form in Step 1

**Email Address** – Email address must be entered

**Billing Address** – Complete if different from mailing address or click on box indicating billing address and mailing address are the same

**Authorized Person** – Must be the same name as on the Agreement form as the Agency Head in Step 1

Click on “**Billing Account**” only if you wish to have the cost of the fingerprinting billed to you. Do not click on this if you are paying by credit card during the Registration process or by money order at the time of fingerprinting.

4. When the form is completed – Click on “**Save**”
5. Print the form
6. Form must be signed by the Agency Head or Authorized Person
7. Mail to address shown on web site:

Cogent Systems  
GAPS Enrollment  
5450 Frantz Road, Suite 250  
Dublin, OH 43016

**NOTE: For expedited service you may fax a copy of the Enrollment form to Cogent Systems at 614-718-9694 but the original signed copy must also be mailed to Cogent Systems within seven (7) days.**

8. You will receive an e-mail confirmation from Cogent confirming your enrollment within 10 business days. The email will include any necessary Usernames and Passwords. If you do not receive an e-mail confirmation within 10 business days, call Cogent Systems or Georgia Bureau of Investigation GCIC CCH Helpdesk. Contact information can be found under **Useful Links** on the main GAPS web page.

### C. Registration for Fingerprinting (Step 3)

This step may be completed ONLY after Step 1 and Step 2 are completed and you have received an e-mail confirmation from Cogent with your Username and Password.

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “**Registration**” tab, click on Single Applicant Registration or Multiple Applicant Registration depending on whether there is only one person to be fingerprinted (single) or more than one (multiple).
3. For each applicant or person to be fingerprinted, all fields with a red (\*) **must** be completed: Last Name, First Name, Date of Birth, Place of Birth, Sex, Race, Eye Color, Hair Color, Height, Weight
4. **Social Security Number** – Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made, if needed

**NOTE:** If the SSN is **not** entered, the applicant **must** take the **Registration ID** number assigned at the end of this registration process to the GAPS Print location in order to be fingerprinted.

5. **Country of Citizenship** – Select correct country
6. **Driver’s License Number** – Enter ONLY numbers if you have a Georgia Driver’s License, for all other states enter exactly as shown on the Driver’s License
7. **Driver’s License State** – Select correct state
8. **Address** – Applicant’s address, city, state, zip, phone

#### Under Transaction Information

9. **Reason** – Click on the arrow on the right side of the box and click on the reason for being fingerprinted. If you need assistance with selecting the correct reason, contact the Department of Community Health (DCH) at: (404) 656-0464 or (404) 463-7370 or by email at [dostrander@dch.ga.gov](mailto:dostrander@dch.ga.gov)

f) “DCH – Private Home Care (Owner)”

**NOTE:** Failure to select the correct Reason from the drop-down menu may cause your fingerprint submission to be rejected and/or possible sanctions levied against your business by the Healthcare Facility Regulation Division (formerly the Office of Regulatory Services).

#### 10. Payment

Choose **Credit Card** if paying at this time. You will be given an opportunity to

enter your credit card information during this registration process, so be sure the credit card is available.

Choose **Money Order** if paying at the GAPS Print location when the applicant goes to be fingerprinted.

**NOTE:** This will only be an option on the single applicant entry. All money orders should be made payable to **Cogent Systems/GAPS** and in the amount of **\$52.90**.

Choose "**Agency**" if you selected to be setup of billing by Cogent Systems during the Enrollment process. A **Billing Code** and **Billing Password** should be found in the Enrollment confirmation email from Cogent Systems, if you selected to be setup for billing. The agency (PCH) will be billed for the service in the amount of **\$52.90** per individual registered through Single or Multiple Applicant Registration.

11. **ORI/OAC** – Use the OAC number (GAP + 6 digits) shown on the Enrollment email

12. **Verification Code** – Use code given in your Enrollment confirmation email

13. "Does another agency make the fitness determination?" – **Check the box.**

**FAILURE TO CHECK THE BOX FOR "Does another agency make the fitness determination?", AND COMPLETE THE INFORMATION BELOW MAY CAUSE A REJECTION IF THE TRANSACTION IS ACCEPTED. THE APPLICANT WILL HAVE TO BE RE-REGISTERED AND REPAY FOR THE FINGERPRINT SERVICES.**

-Choose Agency – Select **Dept of Community Health**

-Determining Agency ORI – Enter **GA922960Z**

Click on "**Next**" at the bottom of the page

14. Verify that the information is correct. If anything needs to be corrected, click **Back** to return to the previous screen and make the corrections.

15. If no corrections are needed, Click on "**Next**"

**Print** the "Thank you for registering" page with the **Registration ID** number.

**NOTE:** Bring this page with the Registration ID to the GAPS Print location to be fingerprinted.

#### **D. Identification Needed For Fingerprinting (Step 4)**

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the "**GAPS Print Site Location**" tab, click the link for '**Identification Needed for Fingerprinting**'. In addition to the **Registration ID** number the applicant will also be asked to present **identification documents** prior to being fingerprinted. This link provides a list of acceptable identification documents.

#### **E. Fingerprinting at GAPS sites (Step 5)**

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)

2. Under the “**GAPS Print Site Location**” tab, find a location nearest to your address.
3. Click on underlined company name to get phone number and hours of operation
4. You **MUST** be a currently licensed facility or have a letter of verification that your new application has been received by the Healthcare Facility Regulation Division before having your fingerprints completed.
5. On the day of your fingerprinting, contact the site you plan to visit and confirm the hours they do fingerprinting and that a trained individual is going to be available.
6. After your fingerprints are taken and transmitted to GCIC, the results are usually available on the GAPS website to DCH within **48 hours**. You should receive a determination from DCH within ten (10) days after you are fingerprinted. If you have not received a determination within fourteen (14) days, contact DCH at (404) 656-0464 **and/or email at [dostrander@dch.ga.gov](mailto:dostrander@dch.ga.gov)** for a status.

**Cogent and GBI cannot provide a status of the fitness determination**

**Note:** If a site is no longer providing fingerprint services, please send an email to [GAApplicant@gbi.ga.gov](mailto:GAApplicant@gbi.ga.gov) and provide the Print Location's name, address and phone number if available and the date the applicant was told the location is no longer providing the service.